

110TH CONGRESS  
1ST SESSION

# S. 1343

To amend the Public Health Service Act with respect to prevention and treatment of diabetes, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

MAY 9, 2007

Mrs. CLINTON (for herself and Ms. COLLINS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act with respect to prevention and treatment of diabetes, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Diabetes Treatment  
5       and Prevention Act of 2007”.

6       **SEC. 2. FINDINGS.**

7       Congress makes the following findings:

8               (1) According to the Centers for Disease Con-  
9       trol and Prevention, the prevalence of diabetes in the

1 United States has more than doubled in the past  
2 quarter-century.

3 (2) The American Diabetes Association reports  
4 that there are now more than 20,000,000 Americans  
5 living with diabetes, with 6,000,000 of these cases  
6 not yet diagnosed. Another 54,000,000 Americans  
7 have “pre-diabetes”, which means that they have  
8 higher than normal blood glucose levels, and are at  
9 increased risk of developing diabetes.

10 (3) In 2002, the landmark Diabetes Prevention  
11 Program study found that lifestyle changes, such as  
12 diet and exercise, can prevent or delay the onset of  
13 type 2 diabetes, and that participants who made  
14 such lifestyle changes reduced their risk of getting  
15 type 2 diabetes by 58 percent.

16 (4) The New York Times has reported that life-  
17 style-based interventions to control diabetes have re-  
18 sulted in positive outcomes for patients, yet despite  
19 these successes, such interventions were often  
20 unsustainable. While insurance companies cover the  
21 treatments of complications of unchecked diabetes,  
22 they tend not to cover the cheaper interventions to  
23 prevent such complications.

24 (5) According to the American Diabetes Asso-  
25 ciation, in 2002, direct medical expenditures for dia-

1       betes       totaled       \$91,800,000,000,       including  
 2       \$23,200,000,000       for       diabetes       care,       and  
 3       \$24,600,000,000 for chronic complications attrib-  
 4       utable to diabetes. In that year, approximately 1 out  
 5       of every 10 health care dollars was directed to diabe-  
 6       tes.

7               (6) There is a need to increase the availability  
 8       of effective community-based lifestyle programs for  
 9       diabetes prevention and the ability of health care  
 10      providers to refer patients for enrollment in such  
 11      programs to prevent diabetes, reduce complications,  
 12      and lower the costs associated with diabetes treat-  
 13      ment in the United States, and our Government  
 14      should encourage efforts to replicate the results of  
 15      the Diabetes Prevention Program on a wider scale.

16 **SEC. 3. CENTERS FOR DISEASE CONTROL AND PREVEN-**  
 17 **TION DIVISION OF DIABETES TRANSLATION;**  
 18 **DIABETES DEMONSTRATION PROJECTS.**

19       Title III of the Public Health Service Act (42 U.S.C.  
 20 241 et seq.) is amended by inserting after section 317S  
 21 the following:

22 **“SEC. 317T. CENTERS FOR DISEASE CONTROL AND PREVEN-**  
 23 **TION DIVISION OF DIABETES TRANSLATION.**

24       “(a) IN GENERAL.—The Director of the Centers for  
 25 Disease Control and Prevention shall establish within such

1 Centers a Division of Diabetes Translation to eliminate  
2 the preventable burden of diabetes.

3 “(b) OFFICE.—The Division of Diabetes Translation  
4 shall carry out the following activities:

5 “(1) Supporting and carrying out diabetes sur-  
6 veillance.

7 “(2) Conducting applied translational research,  
8 including research that will improve early detection,  
9 prevention, and access to quality care with respect to  
10 diabetes.

11 “(3) Working with States to establish and im-  
12 prove diabetes control and prevention programs.

13 “(4) Coordinating the National Diabetes Edu-  
14 cation Program in conjunction with the National In-  
15 stitutes of Health.

16 “(5) Increasing education and awareness of dia-  
17 betes.

18 “(6) Promoting greater awareness of the health  
19 effects of uncontrolled diabetes.

20 “(7) Other activities as deemed appropriate by  
21 the Director.

22 “(c) APPROPRIATIONS.—There are authorized to be  
23 appropriated to carry out the activities of the Division of  
24 Diabetes Translation under this section \$90,000,000 for

1 fiscal year 2008, and such sums as may be necessary for  
 2 each subsequent fiscal year.

3 **“SEC. 317U. DEMONSTRATION PROJECTS FOR THE IDENTI-**  
 4 **FICATION AND TREATMENT FOR PERSONS DI-**  
 5 **AGNOSED WITH OR AT HIGH RISK FOR DIABE-**  
 6 **TES.**

7 “(a) IDENTIFICATION AND PREVENTION DEM-  
 8 ONSTRATION PROJECTS FOR PERSONS AT HIGH RISK FOR  
 9 TYPE 2 DIABETES.—

10 “(1) IN GENERAL.—

11 “(A) DEVELOPMENT.—The Director of the  
 12 Centers for Disease Control and Prevention (re-  
 13 ferred to in this section as the ‘Director’), in  
 14 consultation with the Division of Diabetes  
 15 Translation and academic centers, shall develop  
 16 a set of pilot demonstration projects to evaluate  
 17 various approaches to—

18 “(i) screening and identifying persons  
 19 with pre-diabetes and undiagnosed diabe-  
 20 tes; and

21 “(ii) providing identified persons with  
 22 access to appropriate lifestyle interven-  
 23 tions.

24 “(B) LINKAGE TO DIABETES PREVENTION  
 25 PROGRAM.—Such pilot projects shall be carried

1 out with the goal of translating, using lifestyle  
2 interventions available in the community, the  
3 Diabetes Prevention Program clinical trial into  
4 interventions to reduce the incidence of type 2  
5 diabetes and its related complications in the  
6 United States population.

7 “(2) COOPERATIVE AGREEMENTS.—

8 “(A) IN GENERAL.—The Director shall  
9 provide cooperative agreements and technical  
10 assistance to not more than 10 academic cen-  
11 ters partnered with State or local public health  
12 departments to implement, monitor, and evalu-  
13 ate such pilot programs.

14 “(B) APPLICATION.—Applicants shall sub-  
15 mit to the Director an application, at such time,  
16 in such manner, and containing such informa-  
17 tion as the Director may require, including—

18 “(i) information documenting the risk  
19 of the populations to be targeted by this  
20 intervention; and

21 “(ii) information regarding the meth-  
22 ods that shall be used to identify and  
23 screen these populations.

24 “(3) DURATION.—The cooperative agreements  
25 awarded under this subsection shall be awarded for

1 a 2-year period, with the Director having the option  
2 to extend cooperative agreements for an additional  
3 2-year period.

4 “(4) EVALUATION.—Not later than 4 years  
5 after date of the enactment of the Diabetes Treat-  
6 ment and Prevention Act of 2007, the Director shall  
7 release a report evaluating the effectiveness of this  
8 program.

9 “(5) AUTHORIZATION OF APPROPRIATIONS.—  
10 There are authorized to be appropriated  
11 \$10,000,000 to carry out this subsection for each of  
12 fiscal years 2008 through 2012.

13 “(b) STATE PARTNERSHIPS FOR SURVEILLANCE AND  
14 EDUCATION.—

15 “(1) IN GENERAL.—The Secretary, acting  
16 through the Director of the Centers for Disease  
17 Control and Prevention, shall engage in partnerships  
18 with State and local health departments to carry out  
19 the following activities:

20 “(A) National, State, and local (to the de-  
21 gree determined by the Secretary) surveillance  
22 of the following items:

23 “(i) The number of individuals and  
24 percentage of the population at risk for de-  
25 veloping diabetes.

1                   “(ii) The number of individuals and  
2                   percentage of the population who have re-  
3                   ceived diabetes and high blood glucose  
4                   screenings.

5                   “(iii) Among those individuals who  
6                   have been identified with pre-diabetes, the  
7                   proportion that have been enrolled into  
8                   lifestyle programs.

9                   “(iv) The availability of interventions  
10                  to prevent diabetes, and the access of the  
11                  population to such interventions.

12                  “(v) The number of individuals and  
13                  percentage of population with both newly-  
14                  diagnosed cases of diabetes and existing  
15                  cases of diabetes, as well as the rates of in-  
16                  crease or decrease in newly-diagnosed dia-  
17                  betes.

18                  “(vi) Other relevant factors as deter-  
19                  mined by the Secretary.

20                  “(B) Education and information cam-  
21                  paigns to increase awareness among populations  
22                  at high risk for diabetes, health care providers,  
23                  and the general public, about the importance of  
24                  primary prevention, ways to assess personal



1 risk, and how to locate and access diabetes pre-  
 2 vention programs.

3 “(2) AUTHORIZATION OF APPROPRIATIONS.—

4 There are authorized to be appropriated  
 5 \$10,000,000 to carry out this subsection for each of  
 6 fiscal year 2008 through 2012.

7 “(c) TREATMENT DEMONSTRATION PROJECTS FOR  
 8 Co-OCCURRING CHRONIC CONDITIONS.—

9 “(1) IN GENERAL.—The Director, acting  
 10 through the Division of Diabetes Translation, shall  
 11 develop a pilot program to improve treatment for in-  
 12 dividuals with diabetes and other co-occurring chron-  
 13 ic conditions, such as mental illness, high blood pres-  
 14 sure, or cardiovascular disease, for which treatment  
 15 may complicate the treatment for diabetes.

16 “(2) COOPERATIVE AGREEMENTS.—

17 “(A) IN GENERAL.—The Director shall  
 18 provide cooperative agreements and technical  
 19 assistance to not more than 10 academic cen-  
 20 ters, in partnership with State and local health  
 21 departments, to implement, monitor, and evalu-  
 22 ate programs designed to improve health out-  
 23 comes in individuals with diabetes and other co-  
 24 occurring chronic conditions.

1           “(B) APPLICATION.—Applicants shall sub-  
2           mit to the Director an application, at such time,  
3           in such manner, and containing such informa-  
4           tion as the Director may require, including in-  
5           formation regarding the co-occurring conditions  
6           that shall be the subject of study.

7           “(C) PREFERENCE.—In awarding the co-  
8           operative agreements under this subsection, the  
9           Director shall give preference for research that  
10          focuses on conditions which have a high preva-  
11          lence among individuals with diabetes, or for  
12          which the treatment involved has the potential  
13          to impact adherence to diabetes treatment regi-  
14          mens and that builds upon existing work de-  
15          signed to improve the quality of care for pa-  
16          tients with diabetes.

17          “(3) DURATION.—The cooperative agreements  
18          awarded under this subsection shall be awarded for  
19          a 2-year period, with the Director having the option  
20          to extend cooperative agreements for an additional  
21          2-year period.

22          “(4) EVALUATION.—Not later than 4 years  
23          after the date of enactment of the Diabetes Treat-  
24          ment and Prevention Act of 2007, the Director shall  
25          release a report evaluating the effectiveness of this

1       program in improving the health care outcomes for  
2       individuals with diabetes and other co-occurring  
3       chronic conditions.

4           “(5) APPROPRIATIONS.—There are authorized  
5       to be appropriated \$10,000,000 to carry out this  
6       subsection for each of fiscal years 2008 through  
7       2012.”.

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